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It is estimated that there are from four to five thousand drugs and their preparations in everyday use in this country and naturally no course in Materia Medica or Pharmacology in a medical school or nurses' training school, even if it were desirable, could cover the whole field. The American Medical Association publishes a small book entitled *Useful Drugs* containing a brief description of about 400 drugs, chemicals, and preparations, official and unofficial, which is intended as a guide for teachers in medical schools and for state examining boards. The compilers of this book hope to demonstrate to teachers that many drugs discussed in large text-books on Materia Medica are superfluous, that instruction in medical schools need cover only the drugs which are of proved value, and that many of the so-called "new" drugs are no better than the well-established ones. These principles may well be carried over into the nurses' training schools. Many of these schools are now teaching Materia Medica from a doctor's book which is almost literally an encyclopedia of drugs and the reason for its use, given by one instructor, was that "it has everything in it." The choice of a text-book on that basis is contrary to good pedagogy and opposed to the principles of the leaders of medicine who are striving to establish a rational limit to the use of drugs.

It would seem that the hospital training school could lend its assistance in the fight against patent medicines by (1) putting emphasis upon *official* drugs and preparations in all classes in Materia Medica; (2) by exposing to the pupil nurses the evils of exploitation of medicines of any sort; and (3) by encouraging the use in the hospital, so far as possible, of official drugs and those of established worth. The individual nurse should refuse to use for herself remedies of unknown composition, those which are widely exploited, and those for which extravagant claims are made, and she should take every opportunity among friends and patients to point the way by example and precept to pure drugs, at honest prices, honestly advertised.

NOTE—The writer is indebted to Dr. Arthur J. Cramp for advice as to the accuracy of statements made in this article.

SUPERFICIAL INJURIES TO THE EYE IN INDUSTRY

By Ernest F. Hoyer

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The statistics of the State Board of Labor and Industries of the Commonwealth of Massachusetts show that during one year over six thousand cases of injuries to the eyes have been reported. We are sorry to state that in our plant the average number of eye injuries per month has reached the high water mark of about sixty.

The greatest asset for helping us to win our daily bread is normal and healthy eyes, for we depend upon our eyesight just as much as we depend upon our food.

The cardinal rule for nurses in regard to injuries, even in the most insignificant case is,—All injuries to the eye are serious. The distinction between major and minor cases is not considered in injuries of the eye, because a minor injury of no other organ can so quickly become a major one. In the majority of cases, we are glad to state, the injuries are slight and the patients are usually able to continue their work after the first treatment, if that treatment has been given skillfully and promptly. However, if the injured eye is tampered with by an unskilled person, it may lead to disastrous results, such as suppurative keratitis, and finally destroyed vision.

I. *A foreign body in the eye* is the most common injury. A foreign body usually works itself under the upper lid and the frantic reflex actions of the much disturbed eye will cause its owner much pain and nervousness. A trained, industrial nurse will, of course, know how to remove foreign bodies from the eye, especially those that are not embedded and, I dare say, the removal of these irritating particles is one of the most gratifying daily duties of any industrial nurse. It gives immediate relief and a very satisfactory result.

The treatment consists of dropping one or two drops of cocaine solution into the eye, after the eye and the region of the eye have been thoroughly cleansed with a boric solution, everting the upper lid, and removing, with a small piece of cotton wound on a wooden applicator, the speck of dust, rust, or coal. A drop or two of a 10 per cent solution of argyrol is put into the eye and the operation is complete. Particles of dust, that lie loose in the conjunctiva or on the cornea, are also easily removed with a small platinum wire loop fixed to a handle. These platinum loops are easily sterilized over an alcohol lamp. If the foreign body is embedded in the substance of the cornea, all the nurse should do is to alleviate the pain with a drop or two of a 2 per cent solution of hydrochloride of cocaine, bandage the eye, and refer the patient to a physician for an immediate examination. There is danger of causing an abrasion of the cornea, which might lead to a septic condition.

II. *Conjunctivitis.*—People with an inflamed or running eye will rarely ask for relief until acute pain or a distorted vision force them to do so. This treatment is also very simple. A 25 per cent solution of argyrol is used. A drop or two should be kept for a few minutes in the eye, by having the patient close the eyelids. This treatment is followed by a thorough irrigation with a solution of boric acid. In our refinery we let the men call every two hours, the first working-day, for treatment, as the treatment should be given at least three or four times a day. All patients afflicted with conjunctivitis should be instructed about the danger of infecting fellow workmen and members of their families by means of towels, etc.

III. *Burns or scalds of the eye or the eyeball.* These are an everyday occurrence. The severity depends on the nature of the irritant, how long it remained in the eye, and on the extent of the injury. The pain is usually severe and, therefore, after cleansing the eye with a boric solution, a drop of a 2 per cent solution of cocaine in castor oil or Nujol should be used as soon as possible. A 2 per cent picric acid ointment applied two or three times a day, after a drop of cocaine has been used, has a very soothing effect, relieving pain and preventing secondary infection and ulceration.

IV. *Electric ophthalmia.* Almost all great industries use electric welding in these days. The men doing the work occasionally suffer from ophthalmia. They show no symptoms for eight or nine hours, but suddenly have a severe pain in both eyes, the eyelids swell, a burning sensation like a sunburn appears, and their tear ducts work overtime. These symptoms will last for about two days and then gradually subside. The treatment consists of washing the eyes with a saline solution and giving relief with a 2 per cent cocaine solution. Colored glasses should be worn for a time, as the patients are very susceptible to any bright light.

It seems almost impossible to prevent injuries to the eyes, in spite of all warnings. Safety goggles are given out, free of charge, but the men are very reluctant to wear them. They complain that the glasses become blurred by the dust and perspiration, and that they become uncomfortable. This is largely due to prejudice, but it is very hard to overcome. The worker would rather take the risk, than wear something unusual and uncomfortable, and will, after injury, admit that goggles would have prevented the accident, yet they will always risk it again.

All kinds of safety eye protectors are in use, but the perfect protector,—one that does not cut off too much light, is strong, and does not rust, does not press the face and heat the eye,—has up to the present not been invented.

An educational campaign would be of great value and the remedy would lie, as is the case in so many industrial labor questions, in a better understanding between employer and employee, in the working together of the safety committee and the working man.